

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

SFUND RECORDS CTR
999000517

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Weslock Code No.
Pick up Address: 1344 Mayo St LA
Telephone Number: (213) 327 2710 P.O. or Contract No.
Order Placed By: Date: 1-29-80

Type of Process:
which Produced Wastes:
(Examples: metal plating, equipment cleaning, oil drilling—code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of waste:
1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Paste
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Toxic/leak lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Gaseous waste
13. ☐ Liquefied gas
14. ☐ Other (specify)
15. ☐ Other (specify)

Concentration: ppm
Components:
(Examples: hydrochloric acid, lye, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)

1. Upper Lower
2.
3.
4.
5.

Hazardous Properties of Waste:
PH 5.00 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bolt Volume: 5000 ☐ gal ☐ can ☐ barrel (42 gal) ☐ other (specify)
Containers: ☐ drums ☐ cartons ☐ bags ☐ other (specify)
Physical States: ☐ solid ☐ liquid ☐ other (specify)
Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No.
Business Address: P.O. Box 59389 L.A. 90059
Telephone Number: 757-1855 Pick Up: Date:
State Liquid Waste Hauler's Registration No. (if applicable): 443

Job No.: 173A No. of Loads or Trips: 1 Unit No.:
Vehicle: ☐ flatbed, ☐ other (specify)
The described waste was hauled by me on the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OFFICIALS AND ME Code No.
Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RCRA requirements, State Department of Health regulations and local restrictions.

Quantity measured at site (if applicable): State fee (if any):
Handling Method(s):

☐ recovery
☐ treatment (specify):
☐ disposal (specify):

If waste is held for disposal:
Disposal Date:
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
No 345
A029611